

Residential Level Transitions: Levels III and IV

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System of Care Response

Mutual Agreement with:

- DHHS
 - Department of Juvenile Justice and Delinquency Prevention
 - Department of Public Instruction
 - Administrative Office of the Courts
- Committed to System of Care (SOC).

LME Role: Triage

- LME System of Care Coordinators + LME care coordination staff have triaged most of the list of currently placed youth based on severity of need and authorization timelines.
- LME's are coordinating with Community Support providers in order to ensure compliance timelines of transition plans.
- Clinical information used for triage:

Most recent ITR	Current Person Centered Plan
Risk Questionnaire	Other Clinical & Medical Info

LME Role: Best Practice

- LME System of Care Coordinators and/or other LME care coordination staff are **expected to attend all Child and Family Team meetings** for youth in their catchment areas.
- LME System of Care Coordinators will ensure that the Child and Family Team process that **occurs for each child/youth** follows the best practice principles of the System of Care model.

LME Role: Ongoing Learning

- Results from the LME Triage process plus the Child and Family Team (CFT) meetings will be coordinated to determine community needs and service gaps.



Community Support Provider Tasks

Community Support QP **identifies appropriate supports for the child/youth through transition.**

- If the appropriate service is **Psychiatric Residential Treatment Facility (PRTF)**

the CS QP works with the individual and her/his parent and/or legally responsible person to **select a provider** agency which meets the needs of the individual.

- If the appropriate setting is **Home:**

1. **Appropriate supports**
2. **Appropriate training** for family members
3. **Appropriate services** Intensive In-Home (IIH) or Multi-Systemic Therapy (MST)

****The Community Support QP continues to monitor the progress of the individual**

Level III or Level IV Residential Provider and the Child & Family Team Process

1. The Level III & Level IV Provider with the Child & Family Team:

- ✓ Meets with the Child Family Team
- ✓ Assures the Person Centered Plan is current
- ✓ Crisis plan is current
- ✓ Must develop a discharge plan on the approved DMH/DD/SAS and DMA Discharge Plan (IU #62)
- ✓ Works with the individual to support the discharge plan and to minimize disruption
- ✓ Shall fully inform the youth and family of all service options.

Eligibility Criteria for Level III & IV Implementation Update 60:

- In addition to the current eligibility criteria documented in DMA Clinical Coverage Policy 8D-2, before a child can be admitted to Level III or Level IV placement the following shall apply:
- 1. Placement may be a transition from a Psychiatric Residential Treatment Facility (PRTF) or inpatient setting
OR
- 2. Multisystemic Therapy (MST) or Intensive In-Home (IIH) services did not meet the youth's treatment needs within the last six months and severe functional impairments persist;
AND
- 3. The Child Family Team has reviewed all other alternatives and recommendations and recommends Level III or IV residential placement due to maintaining the health and safety of the child.

Discharge Plan Criteria: Implementation Update # 60 & #62

- Must be processed within a **Child And Family Team Meeting (s)**
- Includes a **new comprehensive clinical assessment**:
 - Addresses co-occurring disorders as appropriate
 - Conducted by a psychiatrist (independent of the residential provider and its provider organization)
 - Must include clinical justification for continued stay at this level of care.
- Must use Standardized **DMHDDSAS & DMA Discharge Form**
- Demonstrate that **family and/or caregivers are actively engaged** in treatment goals and objectives
- Promote **least restrictive environment**
- **Expected** discharge dates
- Engagement of **natural and community supports**
- **Signatures** of the recipient and/or responsible person
- Must be submitted with any **authorization**
- Failure to submit assessment and discharge plan will be returned as **“ Failure to Process”**

Residential Providers with 16 + Beds

● Current Status:

- Met with 8 Providers on August 24, 200
- Required Providers to submit Plan for reduction with reduced numbers of beds & effective date of correction
- Providers are located in the following LME's:

Guildford (1)	Smoky (1)
Wake (1)	Johnson (1)
Centerpoint (1)	Mecklenburg (2)
Cumberland (1)	
- Most have decided to reduce or convert to PRTF

Residential III and IV Results:

Recipients In Level III and Level IV Residential Services

<p>8/1/09</p> <p>Recipients in Level III residential services.</p> <p>2138</p>	<p>8/1/09</p> <p>Recipients in Level IV residential services.</p> <p>116</p>	<p>10/5/09</p> <p>Recipients in Level III residential services</p> <p>1287</p> <p>Difference of 851</p>	<p>10/5/09</p> <p>Recipients in Level IV residential services</p> <p>74</p> <p>Difference of 42</p>
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Residential III and IV Results:

<p>Recipients who have been Paper Triaged</p> <p>1927</p> <p>Discharge Percentage 85%</p>	<p>Recipients who have had an initial Child and Family Team (CFT)</p> <p>1791</p> <p>Discharge Percentage 79%</p>	<p>Recipients who have had a follow-up Child and Family Team (CFT) meeting</p> <p>893</p> <p>Discharge Percentage 39%</p>	<p>Recipients who have been discharged from Level III residential services</p> <p>816</p> <p>Discharge Percentage 38%</p>	<p>Recipients who have been discharged from Level IV residential services</p> <p>48</p> <p>Discharge Percentage 41%</p>
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Average Length of Stay in Level III & IV

● Level III

Previously: 310 Days per year

Anticipated: 120 Days**

● Level IV

Previously: 192 Days per year

Anticipated: 120 Days**

**Exceptions must follow EPSDT (Early Periodic Screening, Diagnosis and Treatment) procedures and requirements

Residential III and IV Results:

● Where Child Family Teams are referring children (in order of need):

- Medication Management (300 + Referrals)
- Outpatient Individual Therapy
- Outpatient Family Therapy
- Intensive In Home
- Natural Supports
- Therapeutic Foster Care (660+ Referrals)
- PRTF (100+ Referrals)
- Day Tx
- Residential Level II (147+ Referrals)
- MST (21+ Referral)
- Residential Level III
- Residential Level IV
- SAIOP
- Outpatient Group
- Respite (39+ Referrals)

Residential III and IV Results:

● Services in which some catchment areas require expansion:

- Respite
- Intensive In Home
- Multisystemic Therapy
- SAIOP
- Day Treatment
- Therapeutic Foster Care
- Psychiatric Residential Treatment Facility



Residential III and IV Results:

	10/5/09		10/5/09
Level III Beds as of August 1, 2009	Level III Beds in your catchment area as of the date of this report	Level IV Beds as of August 1, 2009	Level IV Beds as of the date of this report
2276	2170	156	120
	Percentage Remaining: 95%		Percentage Remaining: 76%

For More Information on the Residential III and IV Transition Process

<http://www.ncdhhs.gov/mhddsas/childandfamily/index-new.htm>

Thank you